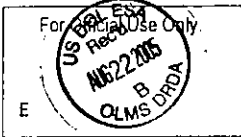


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>12802</u>	2. Fiscal Year Covered From: <u>1 / 1 / 04</u> Through: <u>12 / 31 / 04</u>
3. Name and address of person filing. Name <u>ANITA L RILEY</u> P.O. Box, Bldg., Room No., if any Street <u>5887 PAWTOCKET LN.</u> City <u>ELDERSBURG</u> State <u>MD</u> ZIP Code + 4 <u>21784</u>	4. Name, file number, and address of labor organization. Name <u>UNITED FOOD/COMM'L WORKERS, LOCAL 27</u> Labor Organization File Number <u>515-009</u> P.O. Box, Building and Room Number, if any Street <u>21 WEST RD.</u> City <u>TOWSON</u> State <u>MD</u> ZIP Code + 4 <u>21204</u>
5. Position in labor organization. <u>SECRETARY/TREASURER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>SEE ATTACHED</u> Trade Name, if any: P O Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. <u>SEE ATTACHED</u> 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Anita L. Riley

On

8/10/05
Date

410-337-2700 x221
Telephone Number

Name of Person Filing: Anita L. Riley

Period Covered: 1/1/04 - 12/31/04

Part B Supplement

Name of Business: 1st Choice Mortgage Employer - Pennsylvania - Employer

Nature of Dealing: Business/Social Dinner

Approximate Dollar Value: \$50.00

Name of Business: Alliance PPO - Rockville, MD - Employer

Nature of Dealing: Business/Social Dinner

Approximate Dollar Value: \$60.00

Name of Business: Baltimore Orioles - Camden Yards - 333 Camden St. - Baltimore, MD - Employer

Nature of Dealing: Game/Dinner Reciprocation

Approximate Dollar Value: \$250.00

Name of Business: AHOLD, U.S.A. - 6300 Sherriff Rd. - Landover, MD. - Employer

Nature of Dealing : Dinner

Approximate Dollar Value: \$50.00

Name of Business: Kelly Press, Inc. - Lanham, MD - Employer

Nature of Dealing: Christmas Gift

Approximate Dollar Value: \$34.00

Name of Business: Group Dental Services - Service Provider - Employer

Nature of Dealing: Christmas Gift

Approximate Dollar Value: \$75.00